		PPLICATIO	N FEE DE			ON RECO	RD	Ĩ	098/	16 RE	067 9802	77 1900
300 T		CLAIMS AS	FILED - I			mn 2)	SMA	ALL EI	MITTY	OR	OTHER SMALL	THAN
TOTAL CLAIMS			12.				R	ATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BAS	SIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			1,2 minus 20=		· Ø		×	X\$ 9=		OR	X\$18=	
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* If the difference in column 1 is less than zero, enter					r "0" in 0				OR	TOTAL	40,	
11	1/5/04 CI	LAIMS AS A (Column 1)	MENDED - PART II (Column 2)			(Column 3)			ENTITY	OR	OTHER SMALL	THAN
MTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA	. F	ATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE
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4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						۱ 	135=		OR	+270=	
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	•	(Column 1)		(Colu	ımn 2)_	(Column 3)		,,,, FEE		_		
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The state of the s							L	TOTAL		OR	TOTAL	
Çye" ₹		10-h 11		10-1-	ımn M	(Column 2		OIT, FEE		-1 ,	ADDIT. FEE	
NT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	IMN 2) HEST VIBER HOUSLY O FOR	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE		RATE	ADD TION FEE
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	it the entry in colu	mn 1 is less than i	ne entry in col	15 C C C C C C C C C C C C C C C C C C C	ne v m c	xolumn 3. 12n 20, enter "2		TOTAL DIT. FEE		OR	TOTAL ADOIT, FEE	

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